

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** AARP, Inc.

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 601 E Street, NW, Suite A10-240, Washington, DC 20049

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Stephen Clifford

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
601 E Street, NW, Suite A10-240, Washington, DC 20049

**Telephone Number of Designated Agent:** (202) 434-2364

**Facsimile Number of Designated Agent:** (202) 434-2339

**Email Address of Designated Agent:** sclifford@aarp.org

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_  
Date: 6/05/2007

**Typed or Printed Name and Title:** Corporate Attorney

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee  
Made Payable to the Register of Copyrights.**



SCANNED 07 13 - 20 07

RECEIVED

JUN 20 2007  
COPYRIGHT OFFICE